

Piling Permit Application

Office use only

Permit no.

Site address

Date

Tenant/building name

Suite/unit no.

Applicant is

☐ Architect/engineer

☐ Contractor

☐ Owner

Condominium no.

Property owner

Name

Phone

Address

City

State

Zip

Contractor

Name

License no.

Address

City

State

Zip

Contact person

Phone

Cell phone

Architect/engineer

Name

Registration no.

Address

City

State

Zip

Contact person

Phone

Cell phone

Class of work

Check only one.

☐ 1 New

☐ 2 Addition

☐ 3 Alteration/remodel

☐ 4 Maintenance/repair/replace

Type of structure

Check only one.

☐ 01 Single-family residential

☐ 45 Recreational, amusement

☐ 02 Single-family connected to single family

☐ 46 Other non-housekeeping shelter

☐ 03 Residential garage

☐ 65 Industrial buildings

☐ 30 Two-family residential

☐ 70 Public works and utilities building

☐ 31 Three-four family residential

☐ 80 Public schools

☐ 32 Multiple-family residential

☐ 81 Private schools

☐ 40 Offices, banks, professional

☐ 85 Churches and religious buildings

☐ 41 Stores, restaurants, warehouse

☐ 88 Hospitals and institutional buildings

☐ 42 Hotels, motels

☐ 93 Other non-residential building

☐ 43 Parking garage

☐ 95 Fences, signs, antennas

☐ 44 Service stations and repair garage

☐ 96 Other non-building structures

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Project details

Job valuation \$ _____

Estimated completion date _____

Description of work to be done _____

Please read and sign

I hereby apply for a piling permit and I acknowledge that the information above is complete and accurate; that the work will be in conformance with the ordinances and codes of the City of Bloomington and with the Minnesota Building Codes; that I understand this is not a permit but only an application for a permit and work is not to start without a permit; that the work will be in accordance with the approved plan in the case of all work which requires review and approval of plans.

*Applicant's printed name*_____
*Applicant's signature*_____
*Date***Do not write below this line**

Inspector no. _____

Conditions of issuance _____

Valuation: \$ _____

Other fees? ☐ Yes ☐ No Describe _____ Amount \$ _____**Fee Information**Plan Check Fee? ☐ Yes ☐ NoCity Surcharge? ☐ Yes ☐ NoOther fees? ☐ Yes ☐ No*Specify:* _____

Amount: \$ _____

SAC Charge *Specify number of units*

_____ Single Family

_____ Duplex

_____ Condominium/Townhouse

_____ Apartment with Individual Laundry

_____ Apartment with Central Laundry

_____ Commercial

_____ Industrial

Public Housing:

_____ Single Family

_____ Duplex

_____ Condominium/Townhouse

_____ Apartment

Permit approved by _____ Date _____

Reference no. _____